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ABSTRACT

The Department of Nursing at Oak Hill Hospital, Spring Hill (Florida) did not have a measurement instrument for patient evaluation of hospital nursing services. An instrument to measure patient satisfaction with nursing was developed and validated. Criteria identified through a literature search were reviewed, modified, and validated by a formative committee of eight staff members of the Nursing Performance Improvement Committee. The instrument developed through this review was presented to a summative committee consisting of a nurse educator, the Chief Nursing Officer, and the Chief Operating Officer. The revised instrument, in the form of a nursing care report card, was pretested with a representative patient sample, from whom 18 surveys were returned. It was concluded that the developed survey provided a timely and anonymous way to evaluate patient satisfaction with nursing care and that such evaluation resulted in improved and more responsive care. Five appendixes list committee members, present versions of the survey under development, and detail a plan for implementing survey use. (Contains 20 references.) (SLD)

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DEVELOPMENT AND VALIDATION OF A TOOL FOR MEASUREMENT OF PATIENT SATISFACTION WITH NURSING CARE AT OAK HILL HOSPITAL

ED 394 988

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A practicum report presented to Programs for Higher Education in partial fulfillment of the requirements for the degree of Doctor of Education

Nova Southeastern University

February, 1995

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Abstract of a practicum report presented to Programs
for Higher Education in partial fulfillment
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DEVELOPMENT AND VALIDATION OF A TOOL FOR MEASUREMENT
OF PATIENT SATISFACTION WITH NURSING CARE
AT OAK HILL HOSPITAL

by

Elizabeth K. Callow

February, 1995

The nature of the problem was that the Department of Nursing at Oak Hill Hospital did not have a measurement instrument for patient evaluation of the provided nursing services. The purpose of the study was to develop and validate an instrument for the measurement of patient satisfaction with nursing care at Oak Hill Hospital.

The research questions were "What was an appropriate measurement instrument of patient satisfaction with nursing care at Oak Hill Hospital?" and "What was a valid design for this patient satisfaction measurement instrument?"

Procedures in the development of a measurement instrument included a search of the literature that yielded criteria which

were subsequently reviewed, modified, and validated by a formative committee and a summative committee and pretesting with a representative sample. The result was a measurement instrument of patient satisfaction with nursing care and services at Oak Hill Hospital.

It was concluded that patients and families are provided a forum to evaluate nursing care and services in a timely, anonymous manner. Further, performance improvement processes improve practice and promote positive affects on patient outcomes. Staff satisfaction in job performance is promoted and the organization's performance is strengthened in a competitive environment.

It was recommended that a patient evaluation feedback system be developed for other service populations at the facility. Promotion and development of research activities at the staff level would enhance staff knowledge in performance improvement processes.

TABLE OF CONTENTS

Page

Chapter

1. INTRODUCTION 6
   Background 6
   Purpose 7
   Research Questions 8
   Definition of Terms 9
2. REVIEW OF LITERATURE 10
   Evaluation of Quality 10
   Dimensions of Nursing Care Linked to Patient Satisfaction 11
   Performance Improvement 12
   Summary 14
3. METHODOLOGY AND PROCEDURES 15
   Assumptions 17
   Limitations 17
4. RESULTS 18
5. DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS 22
   Discussion 22
   Conclusions 25
   Implications 26

TABLE OF CONTENTS (Contd.)

Page

5. DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS (Cont.)

Recommendations 27

REFERENCES 31

APPENDIXES 33

A. List of Formative Committee Members 34

B. Formative Committee Evaluation Questionnaire of a Patient Satisfaction with Nursing Care Measurement Instrument 35

C. Summative Committee Evaluation Questionnaire of a Patient Satisfaction with Nursing Care Measurement Instrument 38

D. Patient Satisfaction with Nursing Care Measurement Instrument 42

E. Procedural Plan for the Implementation and Utilization of the Patient Satisfaction with Nursing Care Measurement Instrument 43

Chapter 1

INTRODUCTION

Oak Hill Hospital is a 204-bed community-based acute care facility in Spring Hill, Florida. Its service population is 82% retired. Chronic disease in addition to acute episodes of illness characterize this segment of the community population's health care needs. The remainder of the population reflects the health and illness needs of a general population, e.g., emergency medical visits, maternal and child, and general surgery.

Nature of the Problem

There is a major restructuring movement currently taking place in U.S. business and industry in order to be a viable competitors in the global marketplace. Similarly, health care delivery systems are restructuring in order to offer services that are effective, accessible, and cost-efficient in a developing managed care environment.

The new operational environment in the managed care era is competitive but consumer-oriented. Patients are healthcare consumers. Public concern for both the safety and the cost of care has given impetus to active consumer participation in healthcare decisions (Davis-Martin & Skalak, 1992). The definition of quality health care now includes a new dimension, i.e., the consumer's perspective.

Since the most frequent transactions within the hospital setting are with nurses, patients equate the quality of an institution with the quality of nursing services (Bethel & Ridder, 1994). The efficiency of services and the quality of care rendered from a consumer perspective will be the indicative measure for a facility's basic survival and continued success in a managed care system (Mawhinney, 1992; Taylor, Hudson, & Keeling, 1991; Wyszewianski, 1988). The problem is that the Department of Nursing at Oak Hill Hospital does not have a measurement instrument for patient evaluation and level of satisfaction with the nursing services provided.

Purpose of the Study

The purpose of the study is to develop and validate an instrument for the measurement of patient satisfaction with nursing care at Oak Hill Hospital. The measurement instrument will be a component of a performance improvement plan in evaluation of nursing care from the patient's perspective.

Significance to the Organization

In this era of continuous quality improvement, patients are Oak Hill Hospital's customers. It is imperative to Oak Hill Hospital that patients have a positive experience while receiving treatment at the facility.

A comprehensive plan to address patient perspectives in the

delivery of services and care demonstrates the organization's commitment to the establishment of consumer-focused relationships. With authority in nursing performance improvement issues, the Nursing Performance Improvement Committee acknowledges the problem and recommends the development of a measurement instrument within the course of the committee's work in performance improvement.

A systematic approach to evaluation of outcomes from the patients' perspective is in compliance with new accreditation standards. An effective consumer-oriented performance improvement program enhances the position of the facility as a successful organization in the health care industry and managed care.

Relationship to Seminar

Leaders are individuals who establish direction for a working group of individuals, who gain commitment from these group members to this direction, and who then motivate these members to achieve the direction's outcomes (Conger, 1992). The development, planning, and implementation of an effective performance improvement program components in an organizational setting requires leadership competencies.

Research Questions

What is an appropriate measurement instrument of patient satisfaction with nursing care at Oak Hill Hospital? What is a valid design for this patient satisfaction measurement instrument?

Definition of Terms

Consumer. A member of the community with potential requirements for health care services. See patient.

Continuous quality improvement. A strategy for on-going measurement, analysis, and action in order to improve outcomes.

Customer. See patient.

Patient. A person receiving medical treatment and nursing care at Oak Hill Hospital.

Patient satisfaction. Patient's perception of how care was delivered.

Performance improvement. A defined process to continually achieve refinement as measured by a predetermined standard.

Quality care. The degree of merit from the patient perspective.

Chapter 2

REVIEW OF THE LITERATURE

Perspectives in the Evaluation of Quality

The quality standard has become the hallmark of the new competitive framework. The pursuit of quality invariably improves performance on a host of practice standards. The quality standard calls for an indescribable quest for excellence in a variety of tangible and intangible aspects of a service and integrity when all the parts are experienced as a whole (Carnevale, 1991).

As healthcare institutions are increasingly required to provide and measure quality in a competitive atmosphere, knowledge of the consumers' perspective is essential to meet the demand for a quality outcome in the delivery of nursing care. In seeking definitive measures of patient outcomes, it is important to consider patient and family outcome expectations, i.e., their satisfaction with the care and how that care is provided (Greeneich, Long, and Miller, 1992; Taylor, et al., 1991).

Measurement of quality should partially be based on the values and expectations of the customer. Patient perceptions of the care received influence patient satisfaction and decisions to return to a particular institution for further care. Consumers are the ultimate evaluators of nursing care and the system in which the care was delivered. Nurses and healthcare institutions

need to understand the needs and perceptions of the patients they serve and continually improve the structure, process, and outcome of care (Ludwig-Beymer, Ryan, Johnson, Hennessy, Gattuso, Epsom, & Czurylo, 1993).

Dimensions of Nursing Care in Patient Satisfaction

Donabedian's 1966 model of quality evaluation in healthcare (cited in Taylor, et al., 1991) is a classic model upon which many studies in quality nursing care have been conducted. The model is a systematic approach to patient care evaluation. It includes three aspects of patient care appraisal, i.e., structure, process, and outcome.

Structure includes the settings and instrumentalities available and used to provide care. Beyond the physical environment, it encompasses the characteristics of the administrative organization and the qualifications of the nurse and other care providers. Process includes the activities of the nurse in delivering care to patients. Evaluation of the quality of the process of nursing care examines the degree of congruence to which nursing care of patients conforms with the standards, experience and expectations of the nurse and patient. Outcome as applied to nursing practice would include growth and development, ability to cope better with illness, and ability to meet personal needs (Shiber & Larson, 1991).

Studies of patient populations to identify specific patient satisfaction variables in nursing care are replete in the literature. The attributes of patient care satisfaction described in the following cited literature can be categorized into the Donebedian model (Bethel & Ridder, 1994; Brown, 1992, Davis-Martin & Skalak, 1992; Greeneich, et al., 1992; Ludwig-Beymer, et al., 1993; North, Meeusen, & Hollingsworth, 1991; Taylor, et al., 1991; van Servellen, Lewis, Leake, & Schweitzer, 1991; Wolf, Giardino, Osborne, & Ambrose, 1994).

Performance Improvement

According to the Joint Commission on Accreditation of Healthcare Organizations (1994), the accreditation agency for hospitals, quality health care will be judged by patients and others on cost and their perceptions of what was done and how it was done. The Joint Commission on Accreditation of Healthcare Organizations has adopted several core concepts in continuous quality improvement in their new accreditation standards. When Deming's approach to quality management is employed (cited in Mawhinney, 1992), the process of responding to consumer feedback adapts the system performance specific to consumer preferences. Development of this process is called continuous quality improvement. Accordingly, a goal in the Joint Commission on Accreditation of Healthcare Organizations organizational

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improvement standard is that organizations design processes that systematically measure and improve its performance to improve patient outcomes. Patient satisfaction is an outcome of care (Brown, 1992).

Measurements provide critical feedback on the effectiveness and efficiency of processes to achieve greater customer satisfaction. Measurements assess actual performance against established baselines of performance. Baselines identify the internal view of excellence and help to establish performance improvement goals (Capezio & Morehouse, 1992).

The utilization of tools to solve identified problems on the staff level is characteristic of a process in performance improvement (Coates, Jarratt, & Mahaffie, 1990). Nelson, Larson, Davies, Gustafson, Ferreira, and Ware, (1991) developed a tool to measure quality with patient-based indicators. The instrument collects qualitative and quantitative measures of quality based on patient evaluations of hospital services. The survey process was designed to promote better understanding of patient needs and expectations as well as provide the necessary feedback to care providers in order to identify high-priority areas for improvement upon analysis of aggregated data.

Summary

Measuring quality is not an end in itself but merely the prerequisite for achieving the ultimate goal of improving care (Wyszewianski, 1988). By identifying the key determinants of patient satisfaction related to nursing, nurses and healthcare institutions can more appropriately and directly address consumer demands for quality care. The development of systems is critical to identifying the congruence of nursing practice with patient care outcomes and satisfaction (Greeneich, et al., 1992).

Chapter 3

METHODOLOGY AND PROCEDURES

A development methodology was utilized for this project. First, a literature search was performed in order to provide a conceptual framework for the project. The emphasis was in perspectives of quality evaluation, dimensions of nursing care linked to patient satisfaction, and performance improvement. The content for the instrument was based on theoretical constructs identified in the reviewed literature.

Second, a formative committee of seven directors of patient care areas and the researcher was convened to develop the measurement instrument of patient satisfaction with nursing care based upon the identified content in the literature and to provide feedback on the evolving instrument. The formative committee is an ad hoc committee of the Nursing Performance Improvement Committee. Its members are registered nurses who are directors of specific patient care areas accountable for the administrative and clinical operations in these areas. They all have expertise in the provision of nursing care to patients. Appendix A lists the ad hoc committee members of the Nursing Performance Improvement Committee.

Third, a draft of the instrument was written. The draft

conformed to the criteria identified in the literature and the recommendations from the formative committee.

Fourth, the draft was reviewed by members of the formative committee with a questionnaire based upon identified criteria for the instrument to establish content validity (see Appendix B).

Fifth, after review by the formative committee, the instrument was validated by a summative committee for content and design through the use of a questionnaire (see Appendix C). This committee of experts consisted of a nurse educator, the Chief Nursing Officer, and the Chief Operating Officer. The nurse educator has expertise in adult learning principles and product presentations. The Chief Nursing Officer and Chief Operating Officer have a global perspective and expert knowledge in organizational functions and accreditation standards.

Sixth, the proposal was forwarded to the Chief Executive Officer with a recommendation for implementation. Seventh, the instrument was pretested in a patient care area to establish validity and reliability with a representative sampling. Eighth, patient evaluation of nursing care at Oak Hill Hospital was implemented through the development and validation of a measurement instrument (see Appendix D).

Assumptions

For this project, it is assumed that the most specific and accurate literature is reviewed and purposeful to this project. It is assumed that members of the formative summative committee will have the knowledge to guide the development of this project. It is further assumed that the summative committee's evaluation of the content and format will be valid. It is further assumed that a representative sample was selected and that the responses received are valid.

Limitations

The instrument will be limited as it will contain measures of patient satisfaction of nursing care developed by the administration staff at this facility and will apply only to the staff and patients at Oak Hill Hospital. The product may require revision over time as measurement variables may be revised as facility services are altered.

Chapter 4

RESULTS

First, a literature search and review was performed by the researcher who is chairperson of the ad hoc committee. The literature content was categorized into three constructs, i.e., perspectives in the evaluation of quality, dimensions of nursing care linked to patient satisfaction, and performance improvement.

Second, the chairperson presented a summary of the nursing care variables associated with patient perceptions of satisfaction with care received during hospitalization as well as perspectives on performance improvement and the measurement of quality found in the literature to the ad hoc committee members. After discussion of the literature content and collaboration among group members, the committee members agreed to review the information presented and to reconvene in a week for further discussion and recommendations. At the second meeting, the committee agreed that the dimensions of nursing care linked to patient satisfaction identified in the literature were applicable to the population serviced at Oak Hill Hospital and should be a guideline in the content development of a patient satisfaction with nursing care measurement instrument. The group recommended that the instrument should include as an option patient demographic information as well as the patient care area(s) where care had been received in

order to identify trends in subgroups or specific patient care areas as noted in Nelson, et al., (1991).

Third, the chairperson generated a draft of the instrument based upon the literature and recommendations of the ad hoc committee. Fourth, the chairperson circulated the draft of the instrument with the questionnaire in Appendix B to members of the formative committee. All questionnaires were returned within a week. Questionnaire responses strongly agreed or agreed that the content should be included in a measurement instrument of patient satisfaction with nursing care. Written recommendations included a write-in comment section after each measured variable for further elaboration if needed. The proposal received content validity by the ad hoc committee.

Fifth, the summative committee then reviewed the draft of the product with the questionnaire found in Appendix C. Questionnaire responses strongly agreed or agreed that the content reviewed should be included in a measurement instrument of patient satisfaction with nursing care. The nurse educator member used a software program to validate the reading level of the proposed guide. It was identified to be at the fifth grade level (RightSoft, Inc., 1989). As this is a rating instrument for patient evaluation of nursing care, the nurse educator in collaboration with the researcher, agreed that a Likert-style

excellent-to-poor grading scale with a value assigned to each grade for scoring was an appropriate format. According to Nelson, et al. (1991), research has demonstrated the superiority of the excellent-to-poor scale over the very satisfied to very dissatisfied type. In addition, the happy to sad interval face figures corresponding to each value rating is an alternative for people with difficulty in reading (McMillan & Schumacher, 1993). The summative committee agreed that optional open-ended questions on good and bad experiences during the course of the hospital stay and the patient/family preference in returning if necessary should be included. Summative committee members stated this information would identify the respondent's perceptions of hospitalization in general. The proposal received content and design validation from the summative committee.

Sixth, the revised measurement instrument received approval for implementation from the Chief Executive Officer based upon the recommendation of the summative committee. Seventh, the instrument was pretested on the Progressive Care Unit for three days. The Progressive Care area was selected as it is representative of the target population. Interviews with the unit's case managers and analysis of 28 surveys were conducted. The case managers reported that patients and/or significant others found the survey quick and easy to complete. The case managers

stated that many respondents commented positively on the happy to sad face grading. All of the survey variables were completed by making a cross mark over the selected face graphic. Responses ranged from excellent to fair. About half of the sample answered the open-ended questions. Patient information including name was present on 18 surveys. The validity and reliability of the instrument was supported with the pretest survey responses used as a baseline. Eighth, without further revision in content or style, the instrument (see Appendix D) was then implemented according to a protocol developed by the researcher (see Appendix E).

Chapter 5

DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Discussion

The literature review identified and described relevant research in the evaluation of quality in healthcare within a performance improvement domain. The measurement and evaluation of outcomes including patient perceptions of satisfaction is an evolving component of quality healthcare is well cited in the literature. Staff participation is characteristic of a performance improvement process (Coates, et al., 1990). The context of a nurse-patient relationship and all its intervening variables within the framework described by Donabedian (cited in Taylor, et al., 1991) served as the groundwork for the development of a performance improvement instrument to measure patient satisfaction with nursing care at Oak Hill Hospital.

The Department of Nursing at Oak Hill Hospital recognize its perceived representative role on behalf of the facility and is cognizant of the need to increase patient and family satisfaction with the care received during a course of hospitalization. Leadership by the Nursing Performance Improvement Committee initiated a performance improvement process in order to measure and evaluate patient and family perceptions of the hospital

services and care (Joint Commission on Accreditation of Healthcare Organizations, 1994).

The development, validation, and implementation process was succinct and timely. The committee's integration of nurse-patient relationship variables cited in the literature and specific patient population factors at Oak Hill Hospital were vital components in the evolution of a measurement instrument. The content of the instrument consolidates the nursing care variables into the Donebedian framework for quality evaluation (cited in Taylor et al., 1991). Structure is measured in the instrument (see Appendix D) by the patient/family response to their room environment. Process is measured in the queries regarding admissions, privacy, and discharge. Outcome is evaluated by patient responses to information provided, treatment of family and friends, nursing skill and caring, and overall perception of nursing quality. The open-ended questions encourage patient/family disclosure of experiences not addressed in the close-ended, graded areas.

The design of the measurement instrument is based upon the reviewed literature in evaluation of quality and survey design as well as the direction received from the formative and summative committees. The simple scoring method and optional patient information facilitates trend analysis and statistical process

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control methods in performance improvement. The format used by Nelson, et al., (1991) and the questionnaire development recommendations in McMillan & Schumacher (1993) were significant resources in condensing the development and validation process in the construction of a measurement instrument of patient satisfaction with nursing care at Oak Hill Hospital.

Pretesting the instrument in a representative sample (McMillan & Schumacher, 1993) supported the validity of the instrument's content and design. The pretesting experience as well as the observations and comments of the participating case managers contributed to the development of a procedural plan for the implementation and utilization of the measurement instrument at Oak Hill Hospital (see Appendix E).

The Department of Nursing is cognizant of the integrated patient-family system and promotes family participation in patient treatment and discharge planning. Patient and family involvement and patient and family care are desirable attributes of quality nursing care (Taylor, et al., 1991). Family, therefore, have the capacity to evaluate the perceived quality of the care and services rendered to the patient-family unit. Patients with physical constraints of illness can still participate in the evaluation process at discharge through the family.

Promotion of precision in the data collection process is

demonstrated in the procedural plan for the measurement instrument (see Appendix E). It is recognized that participation is optional and the respondents are self-selected. The bias of self-selection is then introduced into data collection. However, promotion strategies to capture a high volume of participants can help alleviate the affect of this limitation. The measurement and evaluation of patient/family perceptions of care and services is a significant component in improving organizational performance. Accurate, comprehensive, and timely patient and family evaluation surveys is a method of contributing meaningful information in the performance improvement process.

Conclusions

The literature review was comprehensive and identified perspectives in quality evaluation, the collection of dimensions of nursing care linked to patient satisfaction, and concepts in performance improvement. These are required areas to address in the development of a measurement instrument of patient satisfaction with nursing care and service.

The procedures utilized in the development of the measurement instrument assured content and design validity. Formative and summative committee members were experts in patient care needs and organizational operations. The content of the instrument reflects the nursing care variables related to patient

satisfaction cited in the reviewed literature. The content and design of the instrument was tailored and customized to the target population at Oak Hill Hospital. The comprehensive procedural steps developed a valid measurment instrument for patient evaluation and level of satisfaction with nursing care and services at Oak Hill Hospital. In addition, patients and families are provided a forum to evaluate nursing care and services in a timely, anonymous manner.

The development and validation of a measurement instrument facilitates improvement in practice standards which promotes a positive affect upon organizational performance as advocated by regulatory and accrediting agencies (Joint Commission on Accreditation of Healthcare Organizations, 1994).

Staff performance is pivotal in patient satisfaction with the services rendered and the care received. The promotior of staff participation in the data collection and analysis process illustrates a salient feature of team work in the performance improvement process (Capezio & Morehouse, 1992; Coates, et al., 1990).

Implications

Providing an mechanism for the evaluation of nursing care and services demonstrates to patients and their families the value that is placed on their perspective by the facility. This

opportunity will help patients and families to express feelings and subsequently alleviate some of the stress and frustration experienced during a course of hospitalization.

Staff education and development in performance improvement activities and strategies can be learned outside of a formal classroom. Active participation in the data collection and analysis process will demonstrate to staff their critical role in affecting patient satisfaction levels. Staff appreciation of their influence in patient satisfaction will cultivate a learning environment in the workplace. The utilization of the measurement instrument for patient satisfaction with nursing care will foster staff development in performance improvement strategies, problem-solving, and group work with principles of adult learning as a foundation.

An effective performance improvement process demonstrated by quantifiable advancements in levels of patient satisfaction enhances the organization's position for success in a competitive, managed care environment and promotes staff satisfaction in job performance.

Recommendations

Action

Organizational improvement strategies are influential in the current reorganization of health care delivery systems. Informed

consumers, regulatory agencies, and competitive market forces are establishing new practice standards that promote organizational accountability in patient outcomes. Evaluation criteria include publishing benchmark comparisons in a financial realm, clinical outcomes, and customer level of satisfaction with services.

Utilization of performance improvement processes and its derived benefits need to be implemented on an organization-wide for optimal results. The Director of Nursing Performance Improvement can promote universal implementation through timely management education in performance improvement concepts.

Expansion of the patient evaluation feedback needs to be explored and customized for other service populations of the facility. An evaluation survey needs to be developed by diagnostic departmental directors for patients being scheduled for complex diagnostic procedures e.g., cardiac catheterization, angiography, stress testing, and other outpatient testing that do not require overnight hospitalization in order to facilitate performance improvement in these areas.

The development of a valid measurement for this service population can be accomplished through the formation of an ad hoc committee consisting of directors of the pertinent areas. The Director of Nursing Performance Improvement can be a consultant to

the group for resource material and direction in development and validation procedures.

Dissemination

Prior to utilization of the measurement instrument of patient evaluation of nursing care and services, inservices need to be scheduled by the Director of the Nursing Education Department in order to introduce the document to the nursing staff in the affected patient care areas. Objectives, specific content, expectations, distribution and collection procedures for the instrument should be presented and discussed.

Quarterly findings and indicated actions will be reported to the Board of Trustees by the Director of the Nursing Performance Improvement Committee in order to demonstrate the commitment to patient-centered care and the utilization of continuous quality improvement concepts as endorsed by the Joint Commission on Accreditation of Healthcare Organizations (1994).

Research

The initiation of a measurement instrument is the prelude to the practice of research in the work setting by staff participants. Data collection activities provide timely qualitative and quantitative measures of nursing quality and patient perceptions of satisfaction. Staff will learn how to use information for tracking and trending, use statistical control

processes, problem-solve and develop new quality indicators to measure and improve professional practice and overall performance.

In summary, a model of care that utilizes performance improvement strategies and values the patient and family perspective will help to facilitate a positive outcome experience for patient, families, and the provider facility.

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APPENDIXES

Appendix A

Formative Committee Members

Chairperson
E. Callow

Director	Service
P. DeAntonio	Surgical Services
B. Kopp	Progressive Care
P. Lavigne	Medical Coronary Care
P. Masters	Maternity
J. Mayo	Surgical Intensive Care
R. Stephens	Telemetry
J. Zubritsky	Medical

Appendix B

Formative Committee Evaluation of Patient Satisfaction with Nursing Care Measurement Instrument Proposal

To:	Members of the Ad Hoc Committee for the Development of a Patient Satisfaction with Nursing Care Measurement Instrument
Instructions:	Please review the following content and complete this questionnaire by circling the number of the most appropriate response to each statement: 5 - Strongly Agree 4 - Agree 3 - Neutral 2 - Disagree 1 - Strongly Disagree 0 - Not Applicable

A measurement instrument for patient evaluation of quality care provided during hospitalization should include the following general dimensions of nursing care and elements within the domain of performance improvement:

Structure

1. Room Environment

   (a) personal hygiene supplies.....5 4 3 2 1

   (b) furnishings.....5 4 3 2 1

   (c) housekeeping.....5 4 3 2 1

2. Atmosphere

(a) comfort.....5 4 3 2 1

(b) visiting hours.....5 4 3 2 1

(c) facilities for visitors.....5 4 3 2 1

Please provide a rationale for any item marked 2 or 1:

_____
_____
_____
_____

Please use this space for needed additions to the section.

_____
_____
_____
_____

Process

Provision of Care

3. Skill and knowledge.....5 4 3 2 1

4. Attention to needs.....5 4 3 2 1

5. Information provider.....5 4 3 2 1

6. Provision for privacy.....5 4 3 2 1

7. Inclusion of family.....5 4 3 2 1

Please provide a rationale for any item marked 2 or 1:

_____
_____
_____
_____

Please use this space for needed additions to this section.

_____
_____
_____
_____

Outcome

8. Plans for continuity of care.....5 4 3 2 1

9. Patient teaching for after discharge care.....5 4 3 2 1

10. Intent to remain connected with facility.....5 4 3 2 1

11. Overall quality of care.....5 4 3 2 1

Please provide a rationale for any item marked 2 or 1:

_____
_____
_____
_____

Please use this space for needed additions to this section.

_____
_____
_____
_____

There should be an optional patient information section for trend analysis:

[ ] Yes

[ ] No

Return this evaluation to the Ad Hoc Committee chairperson as soon as possible.

Appendix C

Summative Committee Evaluation of Patient Satisfaction with Nursing Care Measurement Instrument Proposal

Instructions:	Please review the following content and complete this questionnaire by circling the number of the most appropriate response to each statement: 5 - Strongly Agree 4 - Agree 3 - Neutral 2 - Disagree 1 - Strongly Disagree 0 - Not Applicable

I. A measurement instrument for patient evaluation of quality care provided during hospitalization should include the following general dimensions of nursing care and elements within the domain of performance improvement:

Structure

1. Room Environment

   (a) personal hygiene supplies.....5 4 3 2 1

   (b) furnishings.....5 4 3 2 1

   (c) housekeeping.....5 4 3 2 1

2. Atmosphere

   (a) comfort.....5 4 3 2 1

   (b) visiting hours.....5 4 3 2 1

   (c) facilities for visitors.....5 4 3 2 1

Please provide a rationale for any item marked 2 or 1:

_____
_____
_____
_____

Please use this space for needed additions to the section.

_____
_____
_____
_____

Process

Provision of Care

3. Skill and knowledge.....5 4 3 2 1
4. Attention to needs.....5 4 3 2 1
5. Information provider.....5 4 3 2 1
6. Provision for privacy.....5 4 3 2 1
7. Inclusion of family.....5 4 3 2 1

Please provide a rationale for any item marked 2 or 1:

_____
_____
_____
_____

Please use this space for needed additions to this section.

_____
_____
_____
_____

Outcome

8. Plans for continuity of care.....5 4 3 2 1

9. Patient teaching for after-discharge care.....5 4 3 2 1

10. Intent to remain connected with facility.....5 4 3 2 1

11. Overall quality of care.....5 4 3 2 1

Please provide a rationale for any item marked 2 or 1:

_____

_____

_____

_____

Please use this space for additions or comments to this component.

_____

_____

_____

_____

II. The design and style of the evaluation instrument is appropriate for the patient:

1. Instructions for completion are simple and easy to understand.....5 4 3 2 1

2. Areas of evaluation are described in specific, easy to grasp terms.....5 4 3 2 1

3. Approximate time for completion is minimal.....5 4 3 2 1

4. The visual cues provide clarity.....5 4 3 2 1

5. The style of the instrument encourages completion.....5 4 3 2 1

6. The print is easy to read.....5 4 3 2 1

7. Medical terminology is minimal.....5 4 3 2 1

8. The reading level is appropriate for the intended audience.....5 4 3 2 1

Please provide a rationale for any item marked 2 or 1:

_____
_____
_____
_____

Please use this space for needed additions to this section.

_____
_____
_____
_____

There should be an optional patient information section for trend analysis:

[ ] Yes

[ ] No

Return this evaluation to the Ad Hoc Committee chairperson of the Nursing Performance Improvement Committee as soon as possible.

Appendix D

Patient Satisfaction with Nursing Care Measurement Instrument

NURSING REPORT CARD

How did you feel about the quality of these services?
Check the correct face to show if they were: excellent, very good, good, fair, poor, or you had no contact with the service. Give us your comments and suggestions.

Admissions... information you were given about what to expect, attention to your needs.

EXCELLENT, VERY GOOD, GOOD, FAIR, POOR, NO CONTACT

COMMENTS: _____

Your Room... comfort, personal supplies, furnishings, cleanliness and tidiness.

EXCELLENT, VERY GOOD, GOOD, FAIR, POOR, NO CONTACT

COMMENTS: _____

Privacy... arrangements for your privacy.

EXCELLENT, VERY GOOD, GOOD, FAIR, POOR, NO CONTACT

COMMENTS: _____

Information... willingness of hospital staff to answer questions, keep family & friends informed about your condition, the time and reason for tests and procedures.

EXCELLENT, VERY GOOD, GOOD, FAIR, POOR, NO CONTACT

COMMENTS: _____

Family and Friends... treatment of family and other visitors by staff, adequacy of visiting hours, facilities for visitors.

EXCELLENT, VERY GOOD, GOOD, FAIR, POOR, NO CONTACT

COMMENTS: _____

Your Nurses... skill, caring & concern shown by nurses, attention to your condition, information provided, response to your calls.

EXCELLENT, VERY GOOD, GOOD, FAIR, POOR, NO CONTACT

COMMENTS: _____

Discharge... information about what to do after leaving the hospital, coordination of care after discharge.

EXCELLENT, VERY GOOD, GOOD, FAIR, POOR, NO CONTACT

COMMENTS: _____

Nursing Quality... How would you rate the overall quality of care and services that you received from this hospital.

EXCELLENT, VERY GOOD, GOOD, FAIR, POOR, NO CONTACT

COMMENTS: _____

Good Experiences... Did anything good happen during your stay in the hospital that surprised you? If so, please tell us what it was.

_____

Bad Experiences... Did anything bad happen during your stay in the hospital that surprised you? If so, please tell us what it was.

_____

Return...

Would you return to this hospital if you needed to be hospitalized again?

- ☐ Definitely Yes
- ☐ Probably Yes
- ☐ Probably Not
- ☐ Definitely Not
- ☐ Does not apply, (for example: because I do not live near hospital)

COMMENTS: _____

ABOUT THE PATIENT

Where did you stay in the hospital? In a section of the hospital for... (Check all that apply)

- ☐ Medical
- ☐ Surgical
- ☐ MCCU
- ☐ SICU
- ☐ Maternity
- ☐ Med/Surg. PCU
- ☐ Emergency Dept.
- ☐ Telemetry
- ☐ Pediatrics

What was the number of your room(s)? _____

In what year were you (the patient) born? _____

Are you (the patient) male or female? ( ) Male or ( ) Female

On what date were you (will you be) discharged from the hospital?
____/____/____

Name (Optional) _____

Address _____

City _____ State _____ Zip _____

Telephone _____

(Reduced from 8.5" x 11.5")

Appendix E

Procedural Plan for the Implementation and Utilization of the Patient Satisfaction with Nursing Care Measurement Instrument

Target Population:	All inpatients and/or significant other
Participating Services:	All patient care areas except Emergency Department
Distribution Procedure:	Within 24 hours of patient discharge, case manager issues the survey with instructions for completion with envelope for anonymous return
Collection Procedure:	Deposited in designated receptacle prior to discharge
Data Analysis:	Unit Director and Staff
	Monthly
	No. in Sample Percent of Population Average Total Score Average Score for each Variable Summary of Open-ended Questions
	Recommendations for Improvement
Report Distribution:	Director of Nursing Performance Improvement